



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLONE Ethics Commission

2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the <u>Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011</u>. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. *Please keep a copy of this form for your records.*

NAME AND	CONTACT INFORMATION	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
Name	Title			
Jeanne P. Curran - Sarto	Assis	STANT TO THE COMMISSION		
Department/Agency/Bureau/Division	Work Phone			
MAINE DEFT OF CONSERVATION Mailing Address, City, ZIP	207-	974-8694		
18 ElkINS LANE, 22 S9#, Au	6-457A, ME. 043	?33		
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY AND	OTHER		
List the name and address of each employer from whom yo economic activity of each employer.	ou received compensation of \$1,000 c	or more. Specify the principal type of		
None	алдан жашан аң жарақтарын жақ шүрек жерде жерене шурға жене қарақ жақ қарақ жене, "Детқор борға «ДА "жақунтқар к «Д	чашийский с 19000-1900 интомпольтом подучествого с от едержерену домудура домудура цовуго, год домудура от 1,000 домудура интом интомпольного интомпо		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
	`	:		
·		;		
Об достой том по положения предметрим образования (другоров по предметрий образования) об по	1998-1998 (1992-1994) And Andrew (1992-1998) And the removal and the contract of the contract	$3666 \pm 2.000 \pm 0.000 \pm 0.0000 \pm 0.000 \pm 0.0000 \pm 0.0000 \pm 0.0000 \pm 0.0000 \pm 0.0000 \pm 0.00000$		
PART 2. INCOME DERIVED FRO	OM SELF-EMPLOYMENT OR LAW	/ PRACTICE		
A. List the name and address of your business or law firm, if derived income. If associated with a partnership, firm, profess activity or practice of that entity.				
None				
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self)	Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)		
Name:		. The state of the		
Address:				
Name:				
Address:		•		

PART 2 (continued). IN	ICOME DERIVED FR	ROM SELF-EMPL	OYMENT
B. List each source of income derived from self-employ whichever is greater, and specify the principal type of ecform of disclosure is prohibited by law, rule, or an esta activity of the entity or person from whom the income was	onomic activity of the e ablished code of profes	ntity or person from	whom you derived such income. If this
Name and Address of	of Source	v Projekter (II.) zekondy kominen (III.) (1997) doku zako zako konin meto kolonia zako zako zekondu zako zako Projekter (III.)	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	n visikanna kunamataka eskun dan kanan arana akaka terbahari dalah da muumu te 200	te englesydd eithfol yfol feldinos soeitholdinol fel eithe eithere talloch eithe either either either either e	aminin (ika rerara mendemungka) di dekelumangan di pinten (ika terma kepetan teluma retirak keri karangan meng -
Address:			
мето можения метре о заменти не	rativas entititas primado procesionas procesionas processos processos processos processos processos processos p	arak da karak da karak da karak da karak da karak da karak karak karak da karak da karak da karak da karak da k	
Address:			
, PART 3.	OTHER SOURCES (OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in box.	Parts 1 or 2 of this for	m. Do not include g	ifts or honoraria. If none, check the
None	•		
Name and Address o	f Source	i var samet progresse på seks state til seks seks seks seks seks til seks seks til seks til seks til seks til s	Kind of Income (investments, leases, etc.)
Name: BANGOR PUBLISHING CO	er die er de	and the second s	PENSION
Address: 491 Main St., Bango. N	1E OYYOI		:
Name: UBS FINANCIAL SERVICE	iamon member je jela iz 12 jela iz 12 jela iz 14 meteori iz 15 a rhe, noveljan kreje jenej obiovit je i daj 14 o rhe di		RETIREMENT ACCOUNT
Address: 499 Washington BLVD. JERSEY CITY, N.	J. 07310	nik-rii:-12-42 ed 2000pa/com=(30-62/20-648 (5-20-64/64/00-64/40-64/20-0-0-	n skare en grængsgagarinden en en skarekelde en en en sind held bli de bil en
Name: HARTFORD			DEFERRED COMP.
Address: BOY 1583 HARTFORD, CONN. 0614	H		V2AN
PART 4	. REPORTABLE LIA	ABILITIES	
List the names of creditors for any <u>unsecured</u> loans of areas of economic activity of each creditor. Do not list made as campaign contributions, or business loans from	credit card liabilities, or	r educational loans	, loans from a relative, loans that were
None			
Name and Address of	Creditor		Principal Type of Economic Activity of Creditor
Name:	•		
Address:			
Name:			
Address:			
PAR	T 5. REPORTABLE	GIFTS	
List the specific source of gifts received during the reporting	ng period with an aggre	gate value of more	than \$300. If none, check the box.
None	emplemment en plante primitere primitere primitere en entre en entre en entre en entre en entre en entre entre	and the second	
Name of Source of Gift	n	Name	of Source of Gift
1.	3.		
2 <i>.</i>	4.		

PART 6. I	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances		acity or duties. If none, check the box.
Z None	and the second s	Anahatara dalah kemadi Terbagai menangan pambandan dan dalam pertemberah dalam dan dan dan dalam paga paga berangan dan dalam pertemberah dalam dan dalam pengangan paga berangan dan dalam pengangan dan dalam pengangan dan dan dan dan dan dan dan dan dan d
Name of Source of Honoraria	Name of	f Source of Honoraria
1.	3.	
2.	4;	
PART 7. REPRESEI	NTATION BEFORE STATE AGENC	DIES.
List each executive branch agency before which you compensation of any amount other than your official salar none; check the box.		
None	aan waqoo kaasaa baayaa baayaa yo aa	
Name of Agency	400 to 100 400 400 400 400 to 100 to	one garage open and appelled and a process of a contract and the second of the contract and
1.	3.	
2.	4.	Норток / до общерене, учення профессор и постройне и профессор и постройне и постройне и постройне и постройне
PART 8. BUSI	INESS WITH STATE AGENCIES	
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or		
None		
Name of Agency	PARTITION OF A STATE O	ame of Agency MARIE ALLE TO PORDAY AND A THE MINISTER OF A PROPERTY OF THE PR
1.	3.	
2.	4.	
PART 9. INCOME RECEIV	VED BY MEMBERS OF IMMEDIATE	E FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir or more of income, list his or her name and job title. List of Do not include gifts.	nd of income represented. If your spou	use or domestic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
Name Aninor is a CANTO	1. ENPLOYMENT 2. ENUESTMENT	1. PAYCHECK 2. ANNUITY
Name: ANDREW A. SARTO Job Title: TEACHER	2. TWUESTMENT 3.	2. ANNUITY 3.
Dependent Child(ren) - Job Titles Only	ta ay katalana an may mgaman mana iyo ya anina a malakaka amuun kamika kababa maka adan an mamba ba kababa	
Job Title:	The first section of the section of	
Job Title:		
Job Title:		

		FICER OR DIRECTO			
held any office	ofit or nonprofit corporation, firm, association e, trusteeship, directorship, or position of any pensated. If a family member listed, indicate	/ nature. Indicate wheth	er you or a family hel	d the position and who	iate family ather the posi-
None					
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
		:			
1					
enkirikkiri kiked aserokisti siiristi yöhdidekiri kihosiksi saasi kidadhikkiri		ing a summar and a summar a summar a summar and a summar a	taglangiphagift-matematerialist bil kanagtanifast sit spirasir matematet et simmin allest	e phonograph phe phonograph annual conformation of an interfal constrained and artiferrormal class as	······································
e e		2.00		S Verilianista Verilia	
		70 c c c c c c c c c c c c c c c c c c c		A I IVANO IN SERVICE.	
thinn a claim thin the sheath at thin this to be a misselect at this title to		e distributado en esta en esta de comencia de desente de 22 distributado de 24 distributado en esta en esta en esta en esta de del distributado de 22 distributado en esta en en esta en	idalelakok IIIIII johan et saerri araalelekildeli NABiletikali NABiletikali Reformanistipa eside	www.lightictivesia.peterinitivesia.ete.co.co.co.co.co.co.co.co.co.co.co.co.co.	reactivity of state of transfording sector and
				To have restained to the second second to the second secon	
		agrzajon i I no		Jeggedyn i Arelli	
					oneen one over the real
		SIGNATURE			
Jeller	Signature	n falsification is a Class I	6	Date	
	Unsworr	Taisilication is a class t		# \$ 1.2. T. 1.1. 141. 151. 150 150 150 150 150 150 150 150 150 150	Assume the same specific
Please providure information	ADD de any additional information below (an on you are providing. Use additional pa	of the state of th	ION	ite the part or section	on number fo
Part/Section Number		•			
				. , ,	